(Attached in pocket on right inside flap)

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• 1	APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER	<u> </u>
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ISSUING CLASSIFICATION									
ORIGINAL CROSS REFERENCE(S)									
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
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resources

nt Fig.	Total Claims  NOTICE OF ALL	Print Claim for O.G.  OWANCE MAILED
Date)	NOTICE OF ALL	OWANCE MAILED
Date)		
	Amount Due	Date Paid
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	ISSUE BAT	CH NUMBER
Date)		_
nd by the L	Inited States Code Title 35	i, Sections 122, 181 and 368
ė	ind contract	ed by the United States Code Title 35 and contractors only.  D WITH: DISK (CRF)